

10/511166

DT04 Rec'd PCT/PTO 1 4 OCT 2004

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PROPRIOCEPTIVE ORTHOPEDIC SOLE COMPRISING MODULAR CORRECTION MEANS
Attorney Docket Number::	0517-1048
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: PASCAL  
Middle Name::  
Family Name:: CHENUT  
Name Suffix::  
City of Residence:: SEMEZANGES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing CHEMIN CORNILAUD  
Address::  
City of Mailing Address:: SEMEZANGES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-21220

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: BERNARD  
Middle Name::  
Family Name:: DEREN  
Name Suffix::  
City of Residence:: AHUY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 10, IMPASSE DU CARON  
Address::  
City of Mailing Address:: AHUY

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-21121

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN

Middle Name::

Family Name:: DOUHAIRE

Name Suffix::

City of Residence:: DIJON

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 13, RUE NEUVE BERGERE

Address::

City of Mailing Address:: DIJON

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-21000

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

Representative Customer

00466

Number::

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/01201	4/15/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/04674	4/15/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::